

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4013</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Richard N Christopherson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1000 East 10th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64106</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local #10</u> Labor Organization File Number <u>010440</u> P.O. Box, Building and Room Number, if any _____ Street <u>1000 East 10th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64106</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Richard Christopherson</u>	On <u>7/15/05</u> Date	<u>816-842-8917</u> Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Invesco Capital Management Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 1360 Peachtree St. N.E.

City Atlanta

State Georgia ZIP Code + 4 30309

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mo-Kan Ironworkers Pension</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>64111</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Money Manager</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$72,527</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u>\$48.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Arnold, Newbolt, Arnold</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 1600</u></p> <p>Street <u>1125 Grand</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Mo</u> ZIP Code + 4 <u>64106</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mo-Kan Ironworkers Pension Fund</u></p> <p>Trade Name, if any: <u>Zenith Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Mo.</u> ZIP Code + 4 <u>64111</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Funds Atty.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$91,802.18</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Gift Certificate</u> <u>Christmas</u></p> <p>12.b. Amount. <u>\$50.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

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8. Name and address of Business (including trade name, if any).

Name NWQ Investments Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 South 5th street

City Minneapolis

State Mn. ZIP Code + 4 55402

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MO-KAN Ironworkers Pension Fund</u></p> <p>Trade Name, if any: <u>Zenith Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Mo</u> ZIP Code + 4 <u>64111</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Money Manager</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$96,631.66</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Golf Game</u></p> <p>12.b. Amount. <u>\$100.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Mo-Kan Ironworkers Trust Funds</u></p> <p>Trade Name, if any: <u>Zenith Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>64111</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mo-Kan Ironworkers Trust Funds</u></p> <p>Trade Name, if any: <u>Zenith Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>64111</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Third Party Administrator</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$345,986</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>International Fund seminar</u> <u>Reinforcement New Orleans</u></p> <p>12.b. Amount. <u>\$1,237.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NWQ Investment Manager</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>15 South 5th Street</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Mn.</u> ZIP Code + 4 <u>55402</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mo Kan Ironworkers Pension</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 108</u></p> <p>Street <u>3100 Broadway</u></p> <p>City <u>Kansas City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>64111</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Money Manager</u></p> <p>11.b. Approximate dollar value of such dealing. <u>96,631.66</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner Meal</u></p> <p>12.b. Amount. <u>\$ 88.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

